

HAWAII STATE ETHICS COMMISSION 1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

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LOBBYIST REGISTRATION FORM

STATE OF HAWAII STATE ETHICS COMMISSIDE

(Type or Print Clearly) PART! LOBBYIST NAME (Last) (First) (Middle) **TELEPHONE** KONG KEE L. 808.847.2631 **FLORENCE** MAILING ADDRESS (Street) FAX 808.848.1987 1426 NORTH SCHOOL STREET **EMAIL** (Zip Code) (City) (State) HONOLULU 96817 HI EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby) **TELEPHONE** UNITED PUBLIC WORKERS, AFSCME, LOCAL 646, AFL-CIO 808.847.2631 MAILING ADDRESS (Street) FAX 808.848.1987 1426 NORTH SCHOOL STREET **EMAIL** (Zip Code) (City) (State) HONOLULU HI 96817

PART II ORGANIZATION			
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE	
UNITED PUBLIC WORKE	808.847.2631 FAX 808.848.1987		
MAILING ADDRESS (Street)			
1426 NORTH SCHOOL STREET		EMAIL	
(City)	(State)	(Zip Code)	
HONOLULU	н	96917	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE	
DAYTON M. NAKANELUA		808.847.2631	
MAILING ADDRESS (Street)		FAX 808.848.1987	
1426 NORTH SCHOOL STREET		EMAIL	
(City)	(State)	(Zip Code)	
HONOLULU	HI	96817	

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY					
✓ Agriculture	✓ Education	√ Human Services	Science, Technology & Economic Development		
Communications & Public Utilities	Government Operation & Finance	Intergovernmental Relations, International Affairs	✓ Tourism & Recreation		
Consumer Protection & Commerce	Hawaiian Affairs	√ Labor & Employment	✓ Transportation		
Culture, Arts, Historic Preservation	✓ Health	Planning, Land & Water Use Management	Other: (indicate below)		
Ecology, Energy Environmental Protection	✓ Housing	✓ Public Safety & Corrections			
PART IV CERTIFICATION OF LOBBYIST					
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.					
/h. h. /11/2013					
(Signature of Lobbyist)			(Date)		
PART V AUTHORIZATION TO LOBBY					
NAME	NAME TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED				
DAYTON M. NAKANELUA STATE DIRECTOR					
NAME OF ORGANIZATION (if applicable)			TELEPHONE		
UNITED PUBLIC WORKERS, AFSCME, LOCAL 646, AFL-CIO			808.847.2631		
MAILING ADDRESS (Street)			FAX 808.848.1987		
1426 NORTH SCHOOL STREET			EMAIL		
(City)	(State)		(Zip Code)		
HONOLULU) a /		96817		
I hereby authorize the about named person to engage in lobbying activities on behalf of the undersigned.					
Maylon/n. Clakarilea 1/10/13					
(Signature of Authorizing Officer or Person Represented) (Date)					

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